07-09-08

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TROY, MI 4800	PADBAKEN OF		545	-615	(Depositor's name)			
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						7-4-0	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	LATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
	02/22/2002						8275	
10/080,423 02/22/2002 Tulip Shah DP-307007/DE3-0276 8275 TITLE OF INVENTION: METHOD, SYSTEM AND STORAGE MEDIUM FOR PROVIDING SUPPLIER BRANDING SERVICES OVER A COMMUNICATIONS NETWORK								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0 07/10/2008 NNC	\$1740 GUYEN2 00000077 50	07/17/2008 00831 10080423	
EXAMINER		ART UNIT	CLASS-SUBCLAS	S	81 FC:1501 1440.00 DA			
LEROUX, ETIENNE PIERRE		2161	707-010000		02 FC:1504	300.00 DA		
"Fee Address" ind	ange of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TROY, MICHIGAN								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) lesue Fee Publication Fee (N Advance Order -	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500831 (enclose an extra copy of this form).							
5. Change in Entity Star a. Applicant claim	tus (from status indicated s SMALL ENTITY state	,	☐ b. Applicant is n	o lons	ger claiming SMALL EN	TITY status. See 37 Cl	FR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accept	ted from anyone other		•		ne assignee or other party in	
Authorized Signature Date 7-6-08								
Typed or printed name Suson 60 sho Registration No.								
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